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# QUESTIONNAIRE

*for*

## LEGISLATIVE APPOINTMENTS

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FOR THE SPEAKER'S APPOINTMENT OFFICE  
420 The Capitol, Tallahassee, Florida 32399

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Have you ever used or been known by any other legal name? Yes ( ) No ( ) If "Yes" explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a United States citizen? Yes ( ) No ( ) If "No" explain

\_\_\_\_\_  
\_\_\_\_\_

If you are a naturalized citizen, date of naturalization: \_\_\_\_\_

Since what year have you been a continuous resident of Florida? \_\_\_\_\_

Are you a registered Florida voter? Yes ( ) No ( ) If "yes" list:

County of Registration \_\_\_\_\_ Current party affiliation: \_\_\_\_\_

Education

A. High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

B. List all post secondary educational institutions attended:

Name and Location	Dates Attended	Certificates/Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or have you ever been a member of the United States armed forces? Y ( ) N ( )

If "Yes" list:

A. Dates of service: \_\_\_\_\_

B. Branch or component: \_\_\_\_\_

C. Date and type of discharge: \_\_\_\_\_

Have you ever been arrested, charged, or indicted for violation of any federal, state, county or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

Date	Place	Nature	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and periods of employment:

Employer Name and Address	Type of Business	Occupation/Title	Period of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been employed by any state, district, or local government agency in Florida? Yes ( ) No ( ) If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

Position

Employing Agency

Period of Employment

State your experiences and interests or elements of your personal history that qualify you for this appointment.

Have you received any degrees, professional certifications or designations related to the subject matter of this appointment? Yes ( ) No ( ) If "Yes", list:

Identify all association memberships and association offices held by you that relate to this appointment:

Do you currently hold an office or position (appointive, civil service or other) with the federal or any foreign government? Yes ( ) No ( ) If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes ( ) No ( ) If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, or federal):

Office Title

Date of Election or Appointment

Term of Office

Level of Government

If your service was on an appointed board, committee or council:

A. How frequently were meetings scheduled? \_\_\_\_\_

B. If you missed any meetings, state the number attended, number missed and the reason for absences. \_\_\_\_\_

Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes ( ) No ( ) If "yes", give details:

Date	Nature of Violation	Disposition

Have you ever been suspended from any office by the Governor of the State of Florida?

Yes ( ) No ( ) If "Yes", list:

Title of Office \_\_\_\_\_ Reason for Suspension \_\_\_\_\_

Date of Suspension \_\_\_\_\_ Result: Reinstated ( ) Removed ( ) Resigned ( )

Have you ever been refused a fidelity, surety, performance or other bond? Yes ( ) No ( )

If "yes", explain:

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Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes ( ) No ( ) If "yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action, (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

License/Certificate	Original Issue Date	Issuing Authority	Disciplinary Action/Date	Title and Number
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Have you, or businesses of which you have been an owner, officer or employee, held any contractual or other direct dealings during the last four years with any state or local government agency in Florida? Yes ( ) No ( ) If "yes", explain:

Name of business	Your relationship	Business relationship to agency
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Have members of your immediate family (spouse, child, parents, siblings, or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four years with any state or local government agency in Florida? Yes ( ) No ( ) If "Yes", explain:

Name of business	Family relationship	Family relationship to business	Business relationship to agency
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Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five years? Yes ( ) No ( )

A. Did you receive any compensation other than reimbursement for expenses? Y ( ) N ( )

B. Name of agency or entity you lobbied and the principals you represented:

Agency Lobbied

Principal Represented

List three persons who have known you well during the past five years. Include a current, complete address and telephone number. Exclude your relatives.

Name

Mailing Address

Zip Code

Area Code/Telephone Number

Do you know of any reason why you will not be able to attend fully the duties of the office or position to which you have been or potentially will be appointed? Yes ( ) No ( ) If "yes", explain:

If required by law or administrative rule, will you file financial disclosure statements? Yes ( ) No ( )

1. Board of Interest: \_\_\_\_\_

2. Current Employer or Occupation: \_\_\_\_\_

3. Are you applying for reappointment: Yes ( ) No ( )

4. Sex: Male ( ) Female ( )

5. Race: White ( ) Native American-Alaskan Native ( )

Hispanic-American ( ) Asian/Pacific Islander ( )

African-American ( )

6. Do you have a disability? Yes ( ) No ( ) If yes, please describe your disability if it is relative to the position you are seeking.

6. Are you now, or have you within the past three years, been a member of any club or organization that, to your knowledge, in practice or in policy, restricts membership or restricted membership during the time that you belonged, on the basis of race, religion, national origin or gender? If so detail the name and nature of the organization, relevant

policies and practices, and state whether you intend to continue as a member if appointed by the Speaker.

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## ADDENDUM

1. Have you ever been the object of E.E.O.C. (Equal Employment Opportunity Complaint) or any civil action based upon discrimination in the work place? If yes, explain.

2. Are there any pending lawsuits against you or are you a party to a law suit in any court in which you are the plaintiff or defendant? If yes, what type and where?

3. Have any judgments been entered against you based upon E.E.O.C. Complaints?

4. Have you ever been asked to resign from any form of employment? If yes, explain.

5. Have you ever been terminated from any form of employment? If yes, explain.

6. Are you now engaged in activities, or have you engaged in activities in the past that will reflect unfavorably on the board, commission, or council to which you seek appointment?

7. Is there anything that you were not questioned about in your application that you should make known to us at this time that impugns your integrity, character and fitness for the position you are seeking?

**CERTIFICATION**

**STATE OF FLORIDA, COUNTY OF \_\_\_\_\_**

Before me, the undersigned Notary Public of Florida, personally appeared \_\_\_\_\_, who after being duly sworn, say: 1) that he/she has carefully prepared or read the answers to the foregoing questions: 2) that the information contained in said answers is complete and true: 3) that he/she will, as an appointee, fully support the Constitutions of the United States and the State of Florida.

\_\_\_\_\_  
Signature of Applicant-Affiant

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary Public- State of Florida

\_\_\_\_\_  
(Print, type or stamp commissioned name of notary public)

My Commission Expires: \_\_\_\_\_

Personally Known ( ) or Produced Identification ( )  
Type of identification produced \_\_\_\_\_